COVER SHEET FOR AMENDMENT OF POST-TRAVEL SUBMISSION

Date/Time Stamp

SECRETARY OF THE SENATE

2019 OCT 15 AMII: 19

Instructions: Use this form as a cover sheet for any paperwork you may need to submit to the Office of Public Records in order to make your Privately Sponsored Post-Travel Submission complete in accordance with Rule 35. Only complete this form if you need to submit an amendment to a post-travel filing you have already submitted.

SUBMIT DIRECTLY TO THE OFFICE OF PUBLIC RECORDS IN 232 HART BUILDING

| ا معمد المسا |
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| Name of Traveler: Elizabeth Henry |
| Employing Office/Committee: Senator Cindy Hyde-Smith |
| Travel Expenses Paid by (List all sources): GHTC and IAVI |
| Travel Date(s): August 17-24, 2019 |
| Travel Date(s): August 17-24, 2019 Description/Title of Attached Forms: RE-1 |
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| |
| Purpose of Amendment (describe the reason for amending original submission): I failed to |
| include my RE-1 in my post-travel submission |
| (transal it wide of course included in the |
| (though it was, of course, included in the pre-travel submission). |
| Pre-travel sacrivissian). |
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| 10/15/2019 (Dale) (Dale) (Signature of Traveler) |

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(Revised 10/19/15)

| | Date/Time Stamp: | |
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| EMPLOYEE PRE-TRAVEL AUTHORIZATION | i i | |
| <u>Pre-Travel Filing Instructions</u> : Complete and submit this form at least 30 days prior to the travel departure date to the Select Committee on Ethics in SH-220. Incomplete and late travel submissions will <u>not</u> be considered or approved. This form <u>must</u> be typed and is available as a fillable PDF on the Committee's website at ethics.senate.gov. Retain a copy of your entire pre-travel submission for your | | |
| required post-travel disclosure. | | |
| me of Traveler: Elizabeth Henry | | |
| Employing Office/Committee: Sen. Hyde-Sn | | |
| Private Sponsor(s) (list all): PATH/Global Health Technologies Coalition, International AIDS Vaccine Initiative | | |
| Travel date(s): August 17-24, 2019 Note: If you plan to extend the trip for any reason you must notify the Com | mittee | |
| | | |
| Destination(s): Kampala & Entebbe, Uganda | - | |
| Explain how this trip is specifically connected to the traveler's official or representational duties: | | |
| As Health Policy Advisor, this trip will be a resource to better understand how investments R&D for new tools including drugs, vaccines, and diagnostics for long-standing global head diseases. It will particularly assist me in my staffing of Senator Hyde-Smith on these issue Committee. | Ith challenges and emerging infectious | |
| | | |
| Name of accompanying family member (if any): Relationship to Employee: Spouse Child | | |
| I certify that the information contained in this form is true, complete and correct to the best of my knowledge: | | |
| \sim \sim | Signature of Employee) | |
| TO BE COMPLETED BY SUPERVISING SENATOR/OFFICER (President of the Senate Secretary for the Majority, Secretary for the Minority, and Chaplain): | , Secretary of the Senate, Sergeant at Arms, | |
| Sen. Cindy Hyde-Smith hereby authorize | Elizabeth Henry | |
| · · · · · · · · · · · · · · · · · · · | (Print Traveler's Name) | |
| an employee under my direct supervision, to accept payment or reimbursement for necessary transportation, lodging, and related expenses for travel to the event described above. I have determined that this travel is in connection with his or her duties as a Senate employee or an officeholder, and will not create the appearance that he or she is using public office for private gain. | | |
| I have also determined that the attendance of the employee's spouse or child is appropriate to assist in the representation | | |
| of the Senate. (signify "yes" by checking box) | 10 | |
| 7-15-19 Curay | Myde Deneth | |
| (Date) (Signature of S | Supervising Senator/Officer) | |

Form RE-1